



# Report of an inspection of a Designated Centre for Older People.

## Issued by the Chief Inspector

Name of designated centre:	Abbot Close Nursing Home
Name of provider:	Abbot Close Nursing Home Ltd
Address of centre:	St. Marys Terrace, Askeaton, Limerick
Type of inspection:	Unannounced
Date of inspection:	23 February 2022
Centre ID:	OSV-0004682
Fieldwork ID:	MON-0036298

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Abbott Close Nursing Home is part of the Windmill group of nursing homes. It is a purpose built nursing home which opened in 2006 and is registered to provide care to 65 residents. It has 47 single bedrooms and nine twin bedrooms, all of which are en-suite. The centre includes spacious dining facilities, lounge areas and gardens. There is a dedicated dementia specific wing, with its own dining and lounge facilities as well as an enclosed private garden and walkway.

Abbott Close Nursing Home provides residential care predominately to people over the age of 65 but also caters for younger people over the age of 18. It offers care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. It offers care to long-term residents and to short-term residents requiring rehabilitation, post-operative, convalescent and respite care.

The aims and objectives of care, as set out in the statement of purpose, are to provide quality care for all the residents and to ensure all services are delivered to the highest standard. The ethos of care is to promote residents' dignity, individuality and independence and to assist residents to maintain their goals and objectives. The centre aims to ensure that residents are nurtured and cared for in a warm, safe, friendly and homely environment.

The centre provides 24-hour nursing care. The nurses are supported by care, catering, household and activity staff. Medical and allied healthcare professionals provide ongoing healthcare for residents.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	61
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 23 February 2022	09:00hrs to 17:00hrs	Sean Ryan	Lead
Wednesday 23 February 2022	09:00hrs to 17:00hrs	Claire McGinley	Support

## What residents told us and what inspectors observed

On the day of inspection the inspectors observed that residents were supported to enjoy a satisfactory quality of life by staff who ensured residents' needs were met in a dignified, respectful and supportive manner. The overall feedback from residents was that they were happy living in the centre and were happy with the care provided. Many of the residents enjoyed their environment that they described as being homely, welcoming and comfortable.

The inspectors were guided through the centres infection prevention and control measures in place on arrival. Following an opening meeting, the inspectors walked through the centre with the person in charge.

The centre provides long term care to male and female residents with varying dependency needs in both single and multi-occupancy bedroom accommodation. The centre is comprised of three units. The Abbey and Deel units are located on the ground floor and the Shannon unit is located on the first floor of the premises. The Shannon unit is accessible to residents through a passenger lift that is of a suitable size to accommodate residents with mobility aids. The inspectors spent time in each of the three units meeting residents and speaking with the staff.

Residents were observed enjoying their breakfast in the dining room and in their bedrooms on the morning of the inspection. Some residents were observed sitting in the main reception area reading the daily newspapers while others were engaging with staff and other residents. Inspectors observed a relaxed, calm and friendly atmosphere in the centre. Inspectors spoke with a number of residents during the inspection who said they were happy with the care and that staff were always kind, polite and attentive to their needs. Inspectors observed multiple staff and resident engagements that were as the resident had described. Residents indicated that they felt safe and could speak to a member of staff or management about any concerns they may have.

The Abbey unit was the centre's specific dementia care unit. Residents were observed walking freely around the unit and relaxing in the dining and dayrooms. The walls were brightly decorated and bedrooms doors were decorated to resemble front doors. There was signage throughout the unit to support residents to navigate independently and each resident's name was displayed on their bedroom door. A large activities board displayed the weekly activities schedule for the unit and residents were also encouraged to attend group activity events in other parts of the centre. A small number of residents required one-to-one supervision from staff and inspectors observed that this was in place. While some residents in this unit were unable to express their views on the quality of the service, inspectors observed that they appeared comfortable and content in their environment.

Residents had access to secure and pleasant gardens that contained suitable garden furniture that residents had painted. A new water feature was under construction in

the garden and a grotto had been created. Residents told the inspectors that they looked forward to the warmer weather when they could sit outside and enjoy the gardens.

Residents' bedrooms were clean and bright and a number of bedrooms had been redecorated and furnished appropriately. Residents had adequate space for their personal items such as photographs and ornaments and there was adequate storage for clothing. Residents' personal clothing and linen was laundered by an external service provider. Residents reported being satisfied with the service. Residents that spoke with the inspectors were happy with their bedrooms. Call bells were available in all resident bedrooms and communal areas. Residents expressed their satisfaction with the time taken for staff to respond to their call bells.

Throughout the day of inspection, there were activities occurring in the communal areas on the ground floor. Residents attended a religious service in the morning and there was a live music session in the afternoon that residents were observed enjoying. However, inspectors observed a number of residents in their bedrooms throughout the day. Some chose to watch television in their bedroom while others did not wish to attend group activities. While staff were observed checking on residents in their bedrooms, there were no specific activities in place for those residents other than television or radio.

The inspectors observed residents receiving visitors throughout the day and staff guided visitors through COVID-19 health checks.

Inspectors noted that the provider had made improvements to the premises which addressed the issues highlighted on a previous inspection. A number of corridors had been painted and a programme of works was underway to re-decorate bedrooms. A process of replacing soft furnishings was ongoing and additional chairs had been recently delivered and were made available to residents. However, inspectors observed aspects of the premises, such as the flooring in numerous bedrooms and corridors, chipped paint on walls, doors and skirting, that required attention.

The following sections of the report present the findings of this inspection in relation to the governance and management of the centre and how this supports the quality and safety of the service provided to residents.

## **Capacity and capability**

This was an unannounced risk inspection by inspectors of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Inspectors also reviewed the action taken by the provider following the findings of the last inspection in August 2020. All actions from this inspection had been completed.

Overall, this inspection found a satisfactory level of compliance with the regulations reviewed.

The centre was found to have an effective organisational structure, with regular governance meetings taking place between senior levels of management, providing effective oversight and support to a team of nursing, care and support staff. The registered provider of the centre is Abott Close Nursing Home Ltd. The management team consisted of a representative of the company directors, a quality manager, and the person in charge. The clinical management structure consisted of the person in charge, an assistant director of nursing and two clinical nurse managers.

The provider had systems in place to ensure that there was effective oversight of the quality of care received by residents. A range of clinical and environmental audits had been completed. The audits informed the development of action plans which identified where improvements were required and records showed that the action plans from these audits were communicated to the relevant staff during staff meetings. As a result, staff were informed about improvements that were required in their areas of responsibility and ensured that these actions were implemented.

The staffing level was appropriate for the size and layout of the centre and the assessed needs of the residents. A review of the rosters found that there was a good skill-mix of staff nurses and care assistants on duty to meet the assessed needs of the residents. There were sufficient numbers of house-keeping, catering and maintenance staff in place. There was a system in place to ensure clear and effective communication between the management and staff. A plan was in place to recruit an additional assistant director of nursing to provide additional support to the person in charge and oversight of the service provided to residents.

A review of staff training records found that not all staff had completed mandatory training including fire safety, safeguarding older persons from abuse, cardiopulmonary resuscitation, and resident manual handling techniques. However, inspectors found that staff demonstrated appropriate knowledge, commensurate to their role. There was evidence of effective staff supervision including formal induction records.

The Directory of Residents were not updated when a resident was transferred to hospital and this is actioned under Regulation 19: Directory of Residents.

A review of the complaints records found that resident's complaints and concerns were responded to promptly and managed in line with the requirements of Regulation 34. A review of incidents found that they were reported, reviewed and managed appropriately.

## Regulation 15: Staffing

On the day of inspection, the staffing numbers and skill mix were appropriate to

meet the support requirements of residents in line with the statement of purpose.

There was normally three nurses and thirteen care staff allocated to direct resident care on duty during the day time and two nurses and six care staff on duty at night time. The staffing compliment included laundry, catering, activities coordinators and administration staff. The person in charge worked full-time in a supernumerary position and was normally on duty during the weekdays.

Judgment: Compliant

### Regulation 16: Training and staff development

The inspectors reviewed staff training records and found that there were some gaps in attendance for fire safety, managing behaviour that is challenging, manual handling and safeguarding.

Judgment: Substantially compliant

### Regulation 19: Directory of residents

The Directory of Residents was not updated as required when a resident was transferred to hospital. The name of the hospital and the date of transfer was not recorded, as required under regulation 19.

Judgment: Substantially compliant

### Regulation 21: Records

Records were stored securely and readily accessible. A review of a sample of staff personnel records indicated that the requirements of Schedule 2 of the regulations were met.

Judgment: Compliant

### Regulation 23: Governance and management

The centre had sufficient resources to ensure the effective delivery of care for all



residents. There was a clearly defined management system in place.

The centre had effective management systems in place to monitor, evaluate and improve the quality of the service.

An annual review was completed for 2021 which was available to residents and staff on the day of the inspection.

Judgment: Compliant

### Regulation 31: Notification of incidents

Incidents reviewed were managed effectively and were notified to the Chief Inspector as required under Regulation 31

Judgment: Compliant

### Regulation 34: Complaints procedure

The centre had a complaints policy and procedure which outlined the management of complaints. Complaints were effectively managed in line with the requirements under Regulation 34.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and updated on in line with regulatory requirements.

Judgment: Compliant

## Quality and safety

Overall, inspectors found that the systems in place to monitor and improve the quality and safety of the care provided to residents were effective. Residents' health and welfare was maintained by a satisfactory standard of evidence-based care.

However, inspectors found further improvement was required with regard to the premises and the provision of activities to residents.

Residents care plans and daily nursing notes were recorded on an electronic system. Inspectors reviewed a sample of resident's assessments and care plans and found that residents were comprehensively assessed prior to admission to the centre to ensure their care needs could be met. Following admission, a comprehensive nursing assessment was completed to identify residents individual support needs, their daily routine and potential risks to residents such as the risk of falls and impaired skin integrity. Care plans were informed from the information arising from assessments and developed in consultation with the residents and, where appropriate, their relatives.

The centre was home to a small number of residents who, because of their diagnosis, were predisposed to episodes of responsive behaviours (how residents who are living with dementia or other conditions may express their physical discomfort or discomfort with their social or physical environment). Staff were observed to support those residents in managing their symptoms and behaviours. Interactions were observed to be respectful and non-restrictive.

Residents had good access to general practitioner (GP) services. There was timely referral and access to health and social care professionals and evidence that recommendations made by professionals was implemented and reviewed to ensure best outcomes for residents.

Arrangements were in place to ensure residents were protected from the risk of abuse. Staff demonstrated an understanding of their safeguarding training and policies to support the protection of residents, all of which provided assurance. Residents told the inspector that they felt safe living in the centre and that their concerns were listened to and acted upon.

The risk management policy met the requirements of the regulation and addressed the specific risks, as required by the regulation, posed to residents and the controls in place to mitigate the risk of harm. The person in charge maintained a risk register that covered a range of potential risks to the service and residents. This register was kept under review and the effectiveness of actions in place to mitigate risks were reviewed frequently.

The premises was designed and laid out to meet the individual and collective needs of the residents. There was a variety of indoor communal and private space available to residents. The centre was bright and spacious. Residents had access to secure and pleasant garden space that was appropriately furnished. While the provider had made progress in addressing issues with the premises identified during the previous inspection, there were further areas of the premises that required maintenance and repair. The condition of some floors impacted on effective cleaning in some areas. This is discussed further under Regulation 17: Premises. The person in charge provided inspectors with a maintenance schedule and time line to address the deficits observed with the premises.

Arrangements were in place to ensure residents were protected from the risk of fire.

This included ensuring fire safety equipment was tested and serviced on a quarterly and annual basis. Staff demonstrated appropriate knowledge that included the procedures to initiate in the event of a fire and to ensure the timely and safe evacuation of residents. Fire evacuation drills were completed with staff on a regular basis simulating conditions where evacuation may take place with minimum staffing levels, such as night time. Inspectors found that fire doors in the corridor required further review to ensure they provided sufficient containment of smoke in the event of a fire.

The centre had appropriate arrangements in place to monitor the risk of COVID-19. There had been isolated cases of COVID-19 among the staff and to date, an outbreak had not occurred among residents. The centre had educational resource folders in place for staff that contained the most up-to-date guidance in regard to the management of COVID-19. The provider had a number of assurance processes in place in relation to infection prevention and control (IPC) which included cleaning checklists, colour coded cleaning equipment to reduce cross infection and guidance documents. Infection prevention and control audits were completed to assess the centres performance against IPC standards.

The inspectors found that residents could freely exercise choice about how to spend their day. Residents had access to television, radios, daily newspapers and telephone. Residents told inspectors that activities were an important part of their life living in the centre. Residents were consulted for their feedback on the quality of the service and there was evidence that their feedback was acted upon. A number of residents under the age of 65 lived in the centre. Through discussions with the management and a review of the resident's records, there was evidence that those residents were receiving additional external support through attending day care services, visits from social workers and personal assistants. A number of residents had been supported by the centres management and multi-disciplinary team in securing independent living accommodation in the community and were preparing for this transition. However, as previously stated some residents did not have equal access to activities.

Visiting was facilitated in the centre and was underpinned by a risk assessment and ongoing review of the levels of COVID-19 in the community. The management team were reviewing their communication systems to ensure all visitors were aware of the updated Health Protection Surveillance Centre (HPSC) guidance on visiting long term residential care facilities.

## Regulation 11: Visits

The inspector found that the registered provider had ensured that visiting arrangements were in place, in line with the current HPSC guidance. Visits were encouraged with appropriate precautions to manage the risk of COVID-19.

Judgment: Compliant

### Regulation 17: Premises

The inspectors found that some of the centre was in a poor state of repair. This was evidenced by:

- The linoleum floor covering in multiple areas, such as the laundry, assisted WC and some en suites bathrooms were in need of replacement as it was significantly damaged.
- Some of the wooden floors in corridors were worn with some gaps between floor boards making them difficult to effectively cleaning.
- Door and skirting boards were chipped and required repair and repainting.
- Evidence of water leaks on the ceiling outside the entrance to the Abbey unit.
- Walls on each unit, and particularly the Abbey unit, were stained and the paintwork chipped and damaged.

Judgment: Substantially compliant

### Regulation 26: Risk management

There was an up-to-date risk management policy and associated risk register that identified risks and control measures in place to manage those risks. The risk management policy contained all of the requirements set out under regulation 26(1).

A review of the accident and incident log found that incidents were documented, and actions to address learning identified following an incident.

There was an up-to-date plan in place to respond to major emergencies, including COVID-19.

Judgment: Compliant

### Regulation 27: Infection control

There were appropriate infection prevention and control policies and procedures in place consistent with the standards for the prevention and control of healthcare associated infection published by the authority.

Procedures were in place for the cleaning and decontamination of residents

equipment and staff were suitable trained in infection prevention and control practices and procedures. There was adequate hand sanitiser and personal protective equipment available throughout the centre. Cleaning procedures were in line with recommended guidelines.

Judgment: Compliant

### Regulation 28: Fire precautions

A number of designated fire doors were in a poor state of repair. This was most evident on the Shannon unit.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Resident's care plans were developed upon admission and formally reviewed at intervals not exceeding four months.

Care plans were informed through validated assessment tools that assessed, for example, residents dependency, risk of falls, risk of malnutrition, skin integrity and a social assessment that gathered information on the residents hobbies, likes and dislikes.

There were good systems of wound management where residents had access to the expertise of tissue viability nurses. Care plans detailed an appropriate assessment of the wound to monitor progress, the dressing regime and provided guidance for staff on the frequency of dressing changes.

Residents end-of-life care wishes were documented in their care plan and these were reviewed in consultation with the residents, their relatives and general practitioner. There was evidence of resident and family involvement in the care planning process.

Judgment: Compliant

### Regulation 6: Health care

Resident were provided with timely access to their General Practitioner (GP) and health and social care professionals such as physiotherapy, dietician and speech and

language therapy and mental health services.

Recommendations made by professionals were seen to be implemented in consultation with the resident and their relatives.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Inspectors reviewed files and found that residents that exhibited responsive behaviors received care that supported their physical, psychological and social care needs

The least restrictive practice was seen to be used, in accordance with national policy, as published on the website of the Department of Health and there were no bedrails in use in the centre.

Judgment: Compliant

### Regulation 8: Protection

Residents spoken with stated that they felt safe in the centre and confirmed that staff were caring and kind. All interactions by staff with residents on the day of the inspection were seen to be respectful.

The inspectors found that there were measures in place to protect residents and keep them safe. Staff provided practical examples of their safeguarding training and detailed their role and responsibility in ensuring residents are protected from the risk of abuse.

A policy was available and detailed the procedures to initiate should safeguarding concerns be raised. Residents had access to the services of an advocate and contact details were on prominent display in the centre.

Judgment: Compliant

### Regulation 9: Residents' rights

While residents were observed enjoying the group activities taking place throughout the day of inspection, the activity schedule did not extend to include activities for all residents in line with their individual preferences. For example, the inspectors

observed that a number of residents remained in their bedrooms throughout the day with limited stimulation, other than television and expressed a wish for more one-to-one activities.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant



# Compliance Plan for Abbot Close Nursing Home OSV-0004682

Inspection ID: MON-0036298

Date of inspection: 23/02/2022

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Training matrix reviewed, gaps identified, and training schedule updated to include Fire safety, managing behaviour that is challenging, manual handling and safeguarding training to be completed by the 30th of March 2022	
Regulation 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: The Directory of Residents was updated immediately on the day of inspection. Completed 23rd February 2022	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Meeting with Engineer, DON and RPR on 25th February to review the findings of the inspection with regards the premises. Maintenance schedule updated and works commenced to address findings from inspection to be completed by 30th September 2022	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ol style="list-style-type: none"> <li>1. Fire doors reviewed by Engineer on 25th February 2022 and action plan to repair/replace fire doors as required developed and currently in progress</li> <li>2. Fire Safety Audit by external Fire Safety Engineer Scheduled for 10th May 2022 as part of the Windmill Group, Fire Safety Management Strategy, to ensure legal compliance with current HIQA and HSA Regulations</li> </ol>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>Schedule of one-to-one activities for Residents who remain in their rooms during the day created and agreed with the Residents/ families, the Activities Coordinator and the DON, in place for 31st March 2022</p>	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/03/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/09/2022
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	23/02/2022
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	31/05/2022

Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	31/03/2022
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